

P00000024591

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

400003156844--3  
-03/03/00-01089-010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Trishore

(Proposed corporate name - must include suffix)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAR -3 PM 3:01

FILED

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: PATTI Schwartz  
Name (Printed or typed)

16669 LOS GATOS DR  
Address

Delray Beach, FL 33484  
City, State & Zip

(561) 878 0843  
Daytime Telephone number

F. CHESBORN MAR 9 2000

NOTE: Please provide the original and one copy of the articles.

F. CHESBORN MAR 9 2000

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

TRISHORE INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

P O Box 248971, Miami, FL 33124

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Selling equipment

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS**

The name(s) and address(es): Patti' Schwartz, 16669 Los Gatos Dr., Delray Bch., FL 33484

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address registered agent are:

Patti' Schwartz, 16669 LOS GATOS DR., Delray Bch., FL 33484

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator are:

PATTI' SCHWARTZ 16669 LOS GATOS DR., DELRAY BCH., FL 33484

\*\*\*\*\*

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Patti' Schwartz / PATTI' SCHWARTZ  
Signature/Registered Agent

Patti' Schwartz / PATTI' SCHWARTZ  
Signature/Incorporator

02/28/00  
Date

02/28/00  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAR -3 PM 3:01

FILED